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**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Meander (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

State Index No. 33  
Co. Register No. 425  
Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

FULL NAME OF CHILD Gabriel Vagas  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } **NO**  
Alive } **YES**

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>July 20</u> 191 <u>9</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>Gabriel Vagas</u>			Full Maiden Name <u>Maria Bernat</u>		
Residence <u>Meander</u>			Residence <u>Meander</u>		
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)		Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)	
Birthplace <u>Rocaudis, Spain</u>			Birthplace <u>Barriariba, Spain</u>		
Occupation <u>Laborer</u>			Occupation <u>House wife</u>		
Number of child of this mother <u>4</u>	Number of Children, of this mother, now living <u>4</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on July 20 1919, at 11 P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Atel m. D  
(Attending physician, midwife, householder.\*)  
Meander Ariz

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address no Brighton

752-720-423 A True Copy  
COUNTY REGISTRAR.

Filed August 15 1919  
Filed SEP 9 1919

LOCAL REGISTRAR.  
B. E. Fox  
COUNTY REGISTRAR.